

Amendment No. 1 to HB3809

Armstrong
Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 3025*

House Bill No. 3809

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is
amended by adding the following provisions:

71-5-149.

(a) During the month of July 2006, there shall be a thirty (30) day open enrollment period in TennCare for persons of any age with an income of less than two hundred percent (200%) of the federal poverty level who were involuntarily disenrolled from TennCare during the period of May through December 2005 and who are uninsurable because they have a pre-existing medical condition as determined by subsection (d) that prevents them from obtaining commercial health insurance. The department of human services shall process all applications filed during that period and, if an applicant is found eligible, the applicant shall be enrolled in the TennCare Standard program, without regard to whether the department completes its review of the application after the conclusion of the month during which the application was submitted. Unless an application is submitted with documentation that the person has a medical condition that has been found by the TennCare bureau to prevent persons from obtaining commercial coverage, the TennCare bureau shall contract with an independent medical underwriter to review each application to make an individualized determination whether the applicant's condition or combination of conditions renders him or her commercially uninsurable in accordance with subsection (d). Uninsurable persons with incomes below two hundred percent (200%) of the federal poverty level shall pay premiums set on a sliding scale that reflects their ability to pay.

(b) No provision of this section shall in any way be construed to limit, impair or prohibit any person otherwise eligible from establishing eligibility for medical assistance under TennCare Medicaid or any other medical assistance program under the provisions of this chapter.

(c) The commissioner of finance and administration shall submit a report to the speakers of the general assembly by February 15, 2007, in which the commissioner shall report the number of individuals who applied during the enrollment period, the number found to be eligible, the anticipated cost of their coverage and the estimated amounts of premiums and federal revenues to defray that cost.

(d) Only persons with the following conditions may be found to be medically eligible as an uninsurable for TennCare Standard under the provisions of this section: heart disease; cancer; chronic diabetes; human immunodeficiency virus (HIV); an organ transplant; and auto-immune disease.

(e) If the commissioner of finance and administration determines that implementing the provisions of this section requires a new federal waiver, an amendment to an existing federal waiver, or any other form of approval from the federal centers for medicare and medicaid services, the commissioner is promptly directed to seek such approvals on an expedited basis.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.